

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number Q88299	
<b>FY 2009</b>		Confirmation Number 8563	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			
Application Number		Filing Date	
For		RADIO ACCESS NETWORK CONTROL METHOD AND RADIO ACCESS NETWORK	
Art Unit		Examiner Name	
<b>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</b>			
<b>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</b>			
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))		Fee	Small Entity Fee
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))		\$130.00	\$65.00
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))		\$490.00	\$245.00
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))		\$1110.00	\$555.00
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))		\$1730.00	\$865.00
<input type="checkbox"/> Previous Payment Amount		Date Submitted _____	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, <b>except for the Issue Fee and the Publication Fee</b> , or credit any overpayment, to Deposit Account Number 19-4880.			
I am the			
<input type="checkbox"/> applicant/inventor			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
<input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>55,470</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
<input type="checkbox"/> Registration number if acting under 37 CFR 1.34 _____			
WASHINGTON OFFICE <b>23373</b> CUSTOMER NUMBER			
/ Laura Moskowitz/ Signature		January 24, 2011 Date	
Laura Moskowitz Typed or printed name		(202) 293-7060 Telephone Number	
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.			